STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
333 WILLOUGHBY AVENUE, 9TH FLOOR
P.O. BOX 110805, JUNEAU, ALASKA 99811-0805

(907) 465-2515 FAX NUMBER: (907) 465-2816 Website: www.commerce.state.ak.us/insurance

## UNLICENSED ADJUSTER SINGLE LOSS OR CATASTROPHE FORM

Date Stamp Box										
Date:										
Control No.:										

Pursuant to AS 21.27.860(a), a nonresident independent adjuster not licensed by this state who is licensed by and in good standing with its home state may act as an adjuster and adjust a single loss in this state during a calendar year, or may act as an adjuster and adjust losses arising out of a catastrophe as declared by the director, if, within 10 days after the start of the investigation or adjustment under this section the nonresident adjuster has advised the director in writing of the adjustment.

- Registration must be filed within 10 days of adjustment
- Must be licensed as independent adjuster in home state
- If catastrophic loss, the event must be declared by Director of Insurance
- Adjuster may be sued pursuant to AS 21.27.860(b)
- Must comply with Unfair Claims Trades Practices Regulation
- An original Certificate of License Status, current within 90 days of issuance must be filed reflecting licensure as an independent adjuster

## **FILING REQUIREMENTS**:

Form 08-227 Certificate of License Status

ast Name			Insured/Claimant Information Date of Adjustment							Date of Loss			
Last Name JR./SR. etc.			3. First Nam	ie	4. Middle Name			5. Date of Birth  month day year					
Residence/Home Address (Physical Street)			7. P.O. Box	X	8. City								
			`	,	Yes ☐ No ☐ (If No, of which co					ountry are you a citizen?)			
Firm Name Country												_	
Firm Address (Physical Street)			16. P.O. Box		17. City 18					ip or Foreign Country			
Firm Phone Number	21. Firm	Fax Nur	mber	22.	Firm E-m		23.	Firm W	m Web Site Address				
Applicant's Mailing Address			25. P.O. Bo	ЭX	26. City 27. St			State	28. Z	3. Zip or Foreign Country			
. By signature below, I certify that, under penalty of perjury:													
All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me to civil or criminal penalties.												ilse ation	
I grant permission to the Director of Insurance for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.												у	
I authorize the State of Alaska to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Alaska and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.													
Must be signed and dated by applicant.													
Signature													
Type or Printed Name													
Month/Day/Year													
	ome Phone Number  irm Name  irm Address (Physical Stree  irm Phone Number  pplicant's Mailing Address  y signature below, I certify  style of the information subminformation or omitting pertievocation and may subject  grant permission to the Directoral, state or local gover	irm Name  irm Address (Physical Street)  irm Phone Number  21. 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Bellium Phone Information submitted in this application and attanformation or omitting pertinent or material information in evocation and may subject me to civil or criminal penaltic grant permission to the Director of Insurance for which the deral, state or local government agency, current or form authorize the State of Alaska to give any information the material information and I release the State of Alaska a whatever nature by reason of furnishing such information  Must be signal.	ome Phone Number  12. Gender (circle one)  Male Female  irm Name  16. P.O. Box  irm Phone Number  21. Firm Fax Number  22.  pplicant's Mailing Address  25. P.O. Box  It signature below, I certify that, under penalty of perjury:  All of the information submitted in this application and attachmenformation or omitting pertinent or material information in conrevocation and may subject me to civil or criminal penalties.  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City  27. State  by signature below, I certify that, under penalty of perjury:  All of the information submitted in this application and attachments is true and complete and I are information or omitting pertinent or material information in connection with this application is group evocation and may subject me to civil or criminal penalties.  grant permission to the Director of Insurance for which this application is made to verify any informationize the State of Alaska to give any information they may have concerning me to any federal, state or local government agency, current or former employer or insurance company.  authorize the State of Alaska to give any information they may have concerning me to any federal yother organization and I release the State of Alaska and any person acting on their behalf for whatever nature by reason of furnishing such information.  Must be signed and dated by applicant.  Signature  Type or Printed Name	sidence/Home Address (Physical Street)    T. P.O. Box   8. City   9. State	sidence/Home Address (Physical Street) 7. P.O. Box 8. City 9. State 10. Zij ome Phone Number 12. Gender (circle one) Male Female 13. Are you a Citizen of the United States (chec Yes No (If No, of which country are irm Name 16. P.O. Box 17. City 18. State 19. Zip or Foi irm Phone Number 21. Firm Fax Number 22. Firm E-mail Address 23. Firm Web Site 25. P.O. Box 26. City 27. State 28. Zip or Foi ivy signature below, I certify that, under penalty of perjury:  All of the information submitted in this application and attachments is true and complete and I am aware that sufformation or omitting pertinent or material information in connection with this application is grounds for license evocation and may subject me to civil or criminal penalties.  grant permission to the Director of Insurance for which this application is made to verify any information supplederal, state or local government agency, current or former employer or insurance company.  Must be signed and dated by applicant.  Signature  Type or Printed Name	sidence/Home Address (Physical Street)  7. P.O. Box  8. City  9. State  10. Zip or Foreign ome Phone Number  12. Gender (circle one)  Male  Female  13. Are you a Citizen of the United States (check one)  Yes   No   (If No, of which country are you a citizen of the United States (check one)  Yes   No   (If No, of which country are you a citizen of the United States (sheek one)  Yes   No   (If No, of which country are you a citizen of the United States (sheek one)  Yes   No   (If No, of which country are you a citizen of the United States (sheek one)  Yes   No   (If No, of which country are you a citizen of the United States (sheek one)  Yes   No   (If No, of which country are you a citizen of the United States (sheek one)  To untry  If No, you must supply work authorized it is state   19. Zip or Foreign Country  If No, you must supply work authorized it is state   19. 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